

Application and Setup for Meeting Room Use

Cold Spring Harbor Library and Environmental Center
95 Harbor Road, Cold Spring Harbor, NY 11724

Name of Organization: _____ Date of Application _____

Telephone of Organization: () _____ Tax Exempt? _____ yes _____ no
(proof may be requested)

Representative: _____

Telephone of Representative: () _____ Email of Representative: _____

(Please note: Contact information will be published on the Library website.)

Representative's address: _____

Facility Request: _____ Small Meeting Room (max. 20 persons) _____ Large Meeting Room (max. 120)
Room A (max. 60) _____ Room B (max. 60) _____
_____ Environmental Center (max. 20 persons) _____ Other space(s) _____

Day and Date of Event: _____ Number of people expected: _____

Purpose of Event: (lecture, reception, meeting) _____ Will there be a speaker? _____ yes _____ no

Name of speaker _____

Time of Event: (starting and ending times) _____ to _____

Total set-up and clean-up time: Note: You must include a minimum of ½ hour before and ½ hour after your event times for set-up and clean-up, regardless of your event, and your event must fall within the regular hours of the Library's operation unless you request special consideration as part of this application. Regular hours are: Mon.-Thurs. 9:30 am-9:00 pm, Fri. & Sat. 9:30 am -5:00 pm year round and Sun. 1:00 pm -5:00 pm from Sept thru June.

_____ I am requesting special consideration to extend the hours of our event. Please describe your special needs on the back of this page and your reasons for making this request.

Audio/visual equipment to be used: (microphones, VCR, DVD, Power point, etc.) _____

_____ We will supply our own equipment _____ We want to use Library equipment as listed below:

Furniture Requirements: (chairs, tables, lectern, etc.) _____

Note: If you need a special furniture arrangement, you must attach a diagram for the set-up of furniture and equipment.

Refreshments Planned: _____

Contact Person in Case of Emergency: _____ Tel: () _____

I have read and signed the Cold Spring Harbor Library and Environmental Center Meeting Room Policy, and I am fully authorized to pledge my organization will fully comply with all policy terms and conditions, including the fee(s) required and to the complete assumption of all responsibility in connection therewith.

Signature

Printed Name

Date

Position in Organization: _____

Submit this signed Application and the signed "Meeting Room Policy" form to:
Director's Office, CSH Library and Environmental Center
95 Harbor Road, Cold Spring Harbor, NY 11724
or fax to Suzette Vano (631) 692-5712